

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6225 63-044106
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC - 2 1963

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) DEAD ON ARRIVAL BAPTIST MEMORIAL HOSPITAL | | d. STREET ADDRESS 6439 HAGERWOOD ROAD | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) DENNIS R McFARLAND | | 4. DATE OF DEATH Month NOVEMBER Day 12 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-5-1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EMPLOYEE | | 10b. KIND OF BUSINESS OR INDUSTRY BOOK STORE | 11. BIRTHPLACE (City and state or country) Vicksburg, Mississippi |
| 13a. FATHER'S NAME FRANK McFARLAND | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No | | 16. SOCIAL SECURITY NO. 54 | |
| 17. INFORMANT Mrs. ODESSA McFARLAND - KC, MISSOURI | | 14. NAME OF HUSBAND OR WIFE ODESSA McFARLAND | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction DUE TO (b) arteriosclerotic heart disease DUE TO (c) diabetic mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 15 months 3 years unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 5:35 p.m. Month, Day, Year 5-9-60 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION KANSAS CITY COUNTY MISSOURI STATE MISSOURI | |
| 21. I attended the deceased from 5-9-60 to 11-12-63 and last saw her alive on 10-2-63 Death occurred at 5:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Philip J. Baker M.D. (Degree or title) | | 22b. ADDRESS 9306 E. 40 Indep. Trw | |
| 22c. DATE SIGNED 11-13-63 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE NOV. 15, 1963 | 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MISSOURI | | 25. DATE RECD. BY LOCAL REG. 11-15-63 | |
| 26. REGISTRAR'S SIGNATURE Bessie Smith | | 26. REGISTRAR'S SIGNATURE | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Philip J. Baker

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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2 3 888
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4 0
5 1
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7 1
8 2
9 260 X
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12 93-0
13

Dr. Philip J. Barker
9306 N. E. River 40 Murray
after 2 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.